

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532090

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		1				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14			1		1	
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21				1		1
22				1		1
23				1		1
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	16	←	12	←	12	←
TOTAL CLAIMS	17		13		13	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						